Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

Feb. 1, 2012

The Honorable Jeremiah W. (Jay) Nixon, Governor
State Capital Building
Room 216
Jefferson City, Missouri 65101

Re. Report to General Assembly pursuant to 376.1224 RSMo, regarding the impact of Autism / ABA coverage mandates on the insurance marketplace

Dear Governor Nixon:

The Department of Insurance, Financial Institutions & Professional Registration (DIFP) has completed a report assessing the impact on the insurance marketplace of recent requirements that health insurers provide coverage for the treatment of autism, including applied behavior analysis (ABA). Pursuant to 376.1224, the DIFP issued a data call from all insurers providing comprehensive health insurance subject to the mandate for claims experience during 2011. Among the findings:

- Insurers incurred claims equal to $4.3 million for the treatment of autism, of which $1.1 million was directed to ABA therapies. These amounts represent 0.1 percent and 0.02 percent of total claim costs incurred by health insurers during 2011, and are consistent with initial DIFP projections.

- Nearly 4,000 individuals diagnosed with autism received treatment covered by their insurer, a figure that amounts to 1 in every 350 insureds.

- For each individual diagnosed with an ASD that received treatment during 2011, the average monthly cost was $143, of which $35 consisted of ABA therapies.

- By year-end, all individuals insured through the small and large group markets had the mandated coverage. Only one-third of persons insured in the individual market had such coverage. In total, nearly 1.6 million individuals either have the coverage or have the option of purchasing it as an endorsement for an additional premium.

- The mandate was effective for all policies issued or renewed after January 1, 2011. By year-end, the infrastructure necessary to deliver services for autism was still growing. One example is the licensure of behavior analysts. The first licenses were issued in Missouri in December, 2010. By the end of June, 85 licenses had been issued, increasing to 120 by mid-January, 2012. An additional 24 persons obtained assistant behavior analyst licenses mid-January.

Now that medical delivery systems are more fully developed, it is expected that the benefits of the mandate will be more fully realized over the course of the new year. While costs are expected to increase somewhat as a result, no credible evidence suggests that they will exceed 0.2 – 0.5 percent of claim costs, and a smaller percentage of premiums. Given the low costs of autism treatment as a percent of all claims costs, the autism mandate is expected to have minimal impact of health insurance premiums. However, because the DIFP has no authority over health insurance rates and does not receive rate filings, a more exact assessment of the rate impact cannot be provided.

The DIFP continues to monitor insurance carriers to ensure full compliance with relevant statutes, and will continue to monitor market trends in response to the autism mandate. Additional detail can be found in the full report.

Sincerely,

John M. Huff

Annual Report
to the
Missouri Legislature

Insurance Coverage for Autism Treatment & Applied Behavior Analysis

Statistics Section
Jan. 31, 2012

DIFP

Jeremiah W. (Jay) Nixon
Governor

Department of Insurance,
Financial Institutions &
Professional Registration

John M. Huff
Director

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The efficacy of behavioral interventions for the treatment of Autism Spectrum Disorders (ASDs) has been well established in the scientific literature. Over the past several decades, intensive early behavioral therapy has been shown to increase IQ, language skills, academic performance and sociality. In turn, improved cognitive and social functioning resulting from such treatment has been shown to reduce long-term medical and other costs. However, while Missouri's mental health parity statute (§376.1550 RSMo.) has been in effect since 2005, many behavioral therapies proven to effectively treat ASDs have in the past been routinely excluded from health insurance coverage.

House Bill 1311, signed into law by Governor Jay Nixon on June 10, 2010, mandated health insurance coverage for medically efficacious treatments for ASDs. All group policies issued or renewed after January 1, 2011 were required to cover medically necessary treatments for autism. All policies issued in the individual market were required to offer such coverage as an optional benefit. In addition, the law requires coverage for applied behavior analysis (ABA) for individuals up to 18 years of age. Required coverage for ABA was initially capped at $40,000 per year, to be adjusted for inflation each year thereafter. The cap currently stands at $41,263.

To assess the impact of the mandate on the health insurance market, the Department of Insurance, Financial Institutions & Professional Registration (DIFP) obtained data from all insurers that had comprehensive health insurance in force subject to the autism mandate. These data indicate that the mandate has succeeded in broadly extending coverage to autistic individuals during its first year, and is expected to expand access to medically efficacious treatments to Missouri's autistic population in the future.

Summary of Key Findings

The data reflect the fact that 2011 was a transitional year during which much of the infrastructure necessary to deliver the mandated benefits was developed. By the second half of the year clinics had acquired the staff and other capacities to begin treatments pursuant to the mandate, insurance coverage became effective, and patients began to receive treatment.

1. **Coverage** By year-end, all insureds in the small and large group market were covered for the mandated benefits, including ABA therapy. A much lower proportion, about one-third, received similar coverage in the individual market, including individually-underwritten association coverage. A few large providers of individual insurance extended autism coverage to all of their insureds. However, Missouri statute only requires autism benefits as an optional coverage in the individual market, and most insurers do not provide it as a standard benefit.

2. **Number impacted** Nearly 4,000 individuals received treatment covered by insurance for an ASD at some point during 2011. This amounts to 1 in every 350 insureds, a figure in line with estimates in the scientific literature of treatment rates.[1]

3. **Licensure** The first licenses for applied behavior analysis were issued in Missouri in December, 2010. As of January 20, 2012, 120 individuals held an applied behavior analyst license, and an additional 24 persons obtained assistant behavior analyst licenses.

4. **Claim payments** Claims costs incurred for autism services during 2011 amounted to $4.3 million, of which nearly $1.1 million was directed to ABA services. These amounts represent 0.1 percent and 0.02 percent of total claims incurred during this period, consistent with initial projections produced by the DIFP.[2] For each member month of autism coverage, total autism-related claims amounted to $0.25, while the cost of ABA treatment amounted $0.06.

5. **Average Monthly Cost of Treatment –** For each individual diagnosed with an ASD that received treatment at some point during 2011, the average *monthly* cost of treatment across all market segments was $143, of which $35 consisted of ABA therapies. The average, of course, includes individuals with minimal treatment as well as individuals whose treatments very likely cost much more.

6. **Medical infrastructure** Anecdotal evidence indicates that fully operational ABA programs were not widely available during the first half of 2011. Among the many requisites for such a program are the negotiation of contracts and reimbursement rates, the development of billing systems, and the hiring of trained and licensed staff. Correspondence with several clinics indicates that ABA operations began in full between July and September.

7. **Impact on premiums** While claims costs are expected to grow somewhat in the future, it seems very unlikely that costs for autism treatment will have an appreciable impact on insurance premiums. However, because the DIFP has no authority over health insurance rates and does not receive rate filings, a more exact assessment of the impact of the mandate on rates cannot be provided.

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[1] While the CDC estimates that the prevalence of autism is between 1/100 and 1/150, autism presents with a high degree of variability. Not all such individuals will benefit from, or seek, treatment specifically targeted at the ASD.

[2] The DIFP estimated that the mandate would produce additional treatment costs of between 0.2 percent and 0.8 percent. The analytical assumptions associated with the lower-end of the estimate range appear to be validated by the claims data presented in this report.

Background

The term Autism Spectrum Disorder (ASD) encompasses a variety of related neurobiological developmental disorders that can present with varying degrees of impairment. Beyond classic autism, the term ASD includes Asperger's Syndrome, Rett's Syndrome, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder. Generally, autism and related conditions are associated with deficits in communicative skills and capacity for social interaction and reciprocity, restricted repetitive behavioral patterns and sometimes severe cognitive and perceptual dysfunction.

The etiology of ASDs is not currently well understood, although studies have associated the disorder with anomalies in the structures of the brain related to facial recognition and emotional response (Mosconi, et. al., 2009) and with abnormalities associated with neurotransmitters and synapses (Wittenmayer, et. al., 2009). Left untreated, severe cases may require life-long care.

While there is no cure, the success of behavioral therapies in improving cognitive, linguistic and social functioning has been convincingly demonstrated in controlled studies. Behavioral interventions have led to robust improvements in IQ, behavioral adaptation, and a reduction in other symptoms associated with ASDs. Remington et. al. (2007) found that early intensive behavioral intervention led to dramatic increases in intelligence, language, daily living skills and positive social behavior compared to a control group that received "treatment as usual." Similar results were obtained by Cohen, Amerine-Dickens and Smith (2006), who found that a community-based behavioral treatment program resulted in significantly higher IQ scores and adaptive behavior scores. Nearly one-third of the children receiving behavioral treatment were able to transition into a regular educational setting without additional assistance, and 11 others did so with assistance, compared to only 1 in the control group.

There appears to be a strong consensus within the literature regarding the efficacy of behavioral treatments for autism in a variety of settings (see also Eikeseth, Smith, Jahr and Eldevik, 2002 and 2006; Howard, et. al. 2005; Sallows and Graupner, 2005). A good overview of clinical practice related to behavioral interventions can be found in Scott and Johnson (2007). Summarizing the large body of research, the Surgeon General reported as early as 1999 that "Among the many methods available for treatment and education of people with autism, applied behavior analysis (ABA) has become widely accepted as an effective treatment. Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and increasing communication, learning, and appropriate social behavior" (US Department of Health and Human Services, 1999).

History of HB 1311 and the ABA mandate

Prior to the passage of HB 1311 in 2010, Missouri enacted a mental health parity statute that became effective in 2005 (§376.1550). The purpose of this statute was to ensure that health insurers offered mental health benefits in a manner consistent with the provision of services for physical health: "A health benefit plan shall provide coverage for treatment of a mental health condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for a physical health condition" (§376.1550.1(2)). Under the terms of the statute, the term *mental health condition* is defined broadly to include all of the disorders recognized in the Diagnostic and Statistical Manual.

By this definition, insurers were required to cover treatment of ASDs even prior to the passage of HB 1311. However, the prior statute granted a broad exemption for treatments that were considered primarily for familial, educational or training purposes, that were custodial in nature, that were not clinically appropriate or that were experimental (§376.1550.5). Many, and perhaps most health insurance contracts issued in Missouri prior to HB 1311 included broad exclusionary language. For example, a typical exclusion was "…no Benefits will be provided for any of the following services, supplies, equipment or care; or for any complications, related to, or received in connection with, such services, supplies, equipment or care that are:

Not Medically Necessary.

Not specifically covered under this Agreement.

Any Health Care Service that is determined by the Company, in its discretion and subject to the right to submit a Grievance as set forth in Section 12 of this Agreement, to be Experimental or Investigational for the treatment of a specific patient's disease and clinical circumstance…" was excluded from coverage.

Autism treatments such as ABA were commonly excluded via the rationale that they are experimental in nature. Prior analysis by the DIFP indicated that even under the most generous set of assumptions, insurance carriers did not offer benefits of a level or kind that could have been expected to have any significant impact on individuals diagnosed an ASD. This analysis was consistent with the academic literature, which has documented that treatment for ASDs are either generally paid out-of-pocket by parents and relatives, are provided via public services such as special education programs, or, as was more likely, left largely untreated (Peele, Lave and Kelleher, 2002). Further, insurer-compensated treatment was not targeted to young individuals for whom treatments are known to be most effective and most likely to achieve an enduring and dramatic improvement in symptoms.

The paucity of insurance benefits for effective treatments of ASDs very likely contributed to lasting functional impairment of individuals with autistic and related disorders. To the extent that

such care cannot be funded by parents, nor provided publicly, individuals are likely to endure life-long cognitive and social deficits with enormous direct and indirect social costs (see Ganz, 2007).

To address the inadequate coverage for the treatment of ASDs in the private insurance market, and to ensure broader access to treatments that were known to be efficacious, HB 1311 established broad coverage requirements for ASD treatments. Applied behavior analysis (ABA) was specifically mandated for individuals 18 and under, for an amount up to $40,000 per year (adjusted for inflation in each subsequent year). All group plans were required to offer blanket coverage for all insureds. Individual plans, and individually-underwritten association plans, were required to extend an offer to cover the mandated benefits, though the offer can be refused by the policy-holder. In addition, HB1311 established a system of licensure for behavioral analysts to ensure the delivery of high-quality care.

HB1311 became effective for all health insurance plans issued or renewed in Missouri after January 1, 2011. Earlier this year, the DIFP issued a data call to assess the impact of the new law through June 30th, and to serve as a trial run to assess the kinds and quality of information that could be provided by insurers. A follow-up data call was issued at year-end. The experience during the first half of 2011 revealed that significant lags were associated with the implementation of the new law: mandated coverage was not extended until the renewal date of a health insurance policy; individuals required training and credentialing to practice ABA; medical providers faced the task of developing the infrastructure to secure compensation for services that were previously excluded by most health insurance plans; and insureds faced a learning curve with respect to the scope of the newly available benefits. Data below indicate that as the medical delivery infrastructure was put into place, significant benefits delivered through health plans were steadily increasing by the second half of 2011.

Coverage

All group plans issued or renewed after January 1, 2011, are required to extend the mandated benefits for the treatment of ASDs, including ABA, to all insureds. An offer of such coverage must accompany any insurance purchased in the individual market, including individually-underwritten association plans.[3] As such, many insureds will not have received ASD coverage until well after the January 1 effective date, since renewal dates will not coincide with the calendar year.

[3] Association health coverage, such as insurance sold through the AARP and a broad variety of other groups, is considered group coverage for some purposes. However, because it is individually-underwritten in a fashion similar to the true individual market, it is often treated as individual coverage. Under HB1311, such association coverage is considered individual coverage and therefore must only offer the mandated benefits.

By year-end, all insureds in the group market, and about one-third of insureds in the individual market were covered for the mandated ASD and ABA benefits. Over 90 percent of "member-months" over the course of the entire year in the group market were covered for the benefit, indicating the relative rapidity with which coverage went into effect after the effective date of the mandate.[4] The percentage of annual member months with such coverage in the individual market is considerably lower at 32.2 percent, which is virtually unchanged since the first half of the year.

Percent of Member Months With Coverage for Mandated ASD Benefits By Market Segment 2011

Market Segment	Total Member Months	Member Months of Policies with Autism Coverage	% With Coverage
Individual	3,272,121	1,053,043	32.2%
Small Group	5,524,721	5,034,574	91.1%
Large Group	11,871,686	11,245,146	94.7%
Total	**20,668,528**	**17,332,763**	**83.9%**

It is less likely that coverage will be broadly extended in the individual market due to the distribution of costs in this market. For group coverage, costs associated with the mandate are borne by the entire group in the same manner as any other illness. Since only the offer of coverage is required in the individual market, there will be a strong tendency of "adverse selection" with respect to autism benefits. Namely, the vast majority of individuals accepting ASD coverage will already have a dependent with an autism-related diagnosis. Since the coverage is usually provided as a rider at an additional premium, the entire costs of the mandated benefits will therefore be concentrated among such policyholders. The resulting premiums will likely make such coverage unaffordable for many. The DIFP is aware that the cost for an autism endorsement in the individual market can range from $500 to several thousand dollars per month.

[4] That is, most member months without ABA coverage occurred during the beginning of the year. Implementation of coverage occurred as plans were renewed over the course of the year.

For those individual plans for which coverage is optional, the take-up rate for ASD benefits is nearly zero. As noted earlier, a few large insurers have extended ABA coverage to all of their policy-holders in the individual market, though they are only required to extend it as an optional coverage that can be purchased for additional premium. The remaining insurers offering individual coverage comprise 69 percent of the market. For these carriers, less than $1/10^{th}$ of 1 percent of member months had such coverage in effect for 2011.

Coverage in the Individual Market – *Excluding* Insurers That Offer ABA Coverage to All Policyholders			
Member Months	**% of Individual Market**	**Member Months With Autism Coverage**	**% Member Months With Autism Coverage**
2,251,456	68.8%	1,353	0.1%

Treatment Rates

The DIFP attempted to assess the prevalence of individuals diagnosed with an ASD with coverage under a licensed health insurer. Unfortunately, insurers are only able to identify such individuals via information available from submitted claims, such that an individual with an ASD diagnosis must have sought a treatment for conditions specific to the ASD during the period under examination to appear in our data.[5] Thus, the estimates that follow should not be considered as even a proxy for all ASD-diagnosed individuals with health insurance coverage, but rather a subset of that group that received some form of ASD-related treatment during 2011. The overall prevalence of ASD-diagnosed insureds is quite likely to be significantly larger.

Lastly, the DIFP sought to estimate the number of individuals diagnosed with an ASD that *lacked* coverage under the autism mandate. However, because such individuals would be far less

[5] That is, individuals that did not seek treatment directly associated with the ASD would not normally be identified on a typical claims form. The DIFP requested that insurers count anyone who sought an ASD-related treatment during the preceding 12 months as part of their autistic population.

likely to seek treatment than their covered counterparts, and would be less likely to submit the claim when treatment was sought, these estimates are considered unreliable and not presented here.

During the last year, over 1.3 million Missourians obtained comprehensive coverage through a licensed insurer[6] in the individual, small group or large group markets. Of this number, nearly 4,000 individuals sought treatment during the reporting period for which the primary diagnosis was an ASD. The majority of these individuals, or 3,123, were 18 and under and therefore eligible for coverage under the ABA mandate. Across all market segments, 1 insured in 350 sought treatment for an ASD-related condition. Treatment rates are considerably lower than the prevalence rate of ASDs in the general population, which the Centers for Disease Control has estimated to be between 1/100 and 1/150. Autism can present with a high degree of variability. Many autistic individuals will neither seek, nor benefit from, extensive treatment.

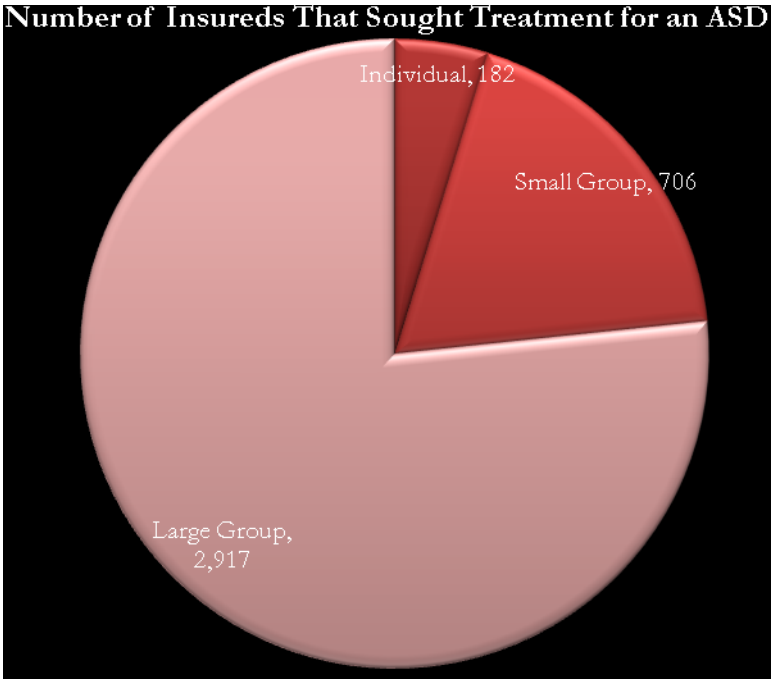
Prevalence of ASD Covered Treatment[7]

Market Segment	Insureds	Insureds With an ASD, Covered Under Mandate	1 Covered ASD Diagnosed Individual Per X Insureds	Insureds Under 18 With an ASD
Individual	249,188	182	1,369	153
Small Group	379,767	706	538	585
Large Group	702,218	2,917	241	2,385
Total	**1,331,173**	**3,805**	**350**	**3,123**

As expected, the percent of insureds with a covered ASD was nearly twice as high in the group market compared to the individual market. Only 182 individuals sought treatment for an ASD covered in the individual market, representing only 4.8 percent of all such individuals across all market segments.

[6] These figures exclude the non-licensed market and employers that self-insure under federal ERISA statutes. Self-insurers comprise a significant portion of the group market. Prior estimates by the DIFP suggest that self-insureds represent as much as 2/3 of the group market. Also excluded from these figures are all forms of public coverage.

[7] Figures are based solely on initial survey responses of licensed insurers for fully-insured plans related to the data period 2011. Some entities that are known to offer autism-related benefits, such as the Missouri Consolidated Health Care Plan (MCHCP) and some self-insured employer plans, are not included in the data.



Licensure

House Bill 1311 requires that each behavior analyst and assistant behavior analyst pass an examination and obtain board certification to be eligible for a license to practice in Missouri. The first licenses were issued in December, 2010. By mid-January of 2012, licenses were issued to 120 behavior analysts. In addition, 24 assistant behavior analysis licenses were issued. Assistants must practice under the supervision of a behavior analyst. In addition to licensed behavior therapists, licensed psychologists may also provide ABA therapy.

These figures indicate that Missouri is well on the way to developing the necessary medical infrastructure and expertise to deliver ABA services to a broad population. Correspondence with medical providers specializing in ASD treatment reinforce this impression, but also illustrate the considerable time and effort necessary to make ABA treatment more widely available as coverage for such treatment is extended. Coding methodology and claim transmittal protocols must be developed. Rates for the provision of previously excluded services must be negotiated. Appropriately trained and licensed personnel must be added to existing staff. One clinic indicated that they were not fully operational to deliver ABA services until July 1. A second began providing ABA treatments as of September 1.

Applied Behavior Analyst Licensure in Missouri				
	Behavior Analysts		Assistant Behavior Analysts	
Month License Issued	No. Lic. Issued During Month	Cumulative Licensed Analysts	No. Lic. During Month	Cumulative Licensed Analysts
December, 2010	19	19	0	0
January	28	47	5	5
February	11	58	4	9
March	14	72	2	11
April	9	81	2	13
May	3	84	0	13
June	1	85	1	14
July	11	96	3	17
August	0	96	4	21
September	2	98	0	21
October	3	101	1	22
November	6	107	1	23
December	6	113	1	24
January, 2012 (partial)	7	120	0	24
Total	**120**		**24**	

Claim Payments

During 2011, comprehensive health plans incurred a total of $4.3 billion in total claim costs. Only a small fraction of this amount resulted from autism-related treatments, which amounted to $4.6 million or 0.1 percent of total claims. Costs incurred for ABA therapies were only 0.02 percent of total claims, or $1,050,764.

The DIFP has previously estimated that the ABA mandate would produce claim costs of between 0.2 percent and 0.8 percent of total premium. Amounts incurred thus far are well below this estimate, but for reasons already discussed are expected to grow as the benefits of the mandate are more fully realized.

Autism-Related Claim Costs			
Line of Business	**Total Incurred Losses**	**All Autism-Related Incurred Losses**	**Losses Incurred, ABA**
Individual	$484,064,498	$543,916	$36,252
Small Group	$975,765,332	$1,027,953	$205,499
Large Group	$2,889,525,540	$2,737,959	$809,013
Total	**$4,349,355,370**	**$4,309,828**	**$1,050,764**

Autism Treatment as Percent of Incurred Losses		
Line of Business	**All Autism-Related Incurred Losses**	**ABA-Related Incurred Losses**
Individual	0.11%	0.01%
Small Group	0.11%	0.02%
Large Group	0.09%	0.03%
Total	**0.10%**	**0.02%**

Another method of expressing the costs of the mandate is the ratio of autism-related treatment costs to the total member months during which autism coverage was in effect. Across all market segments, the average autism-related claim costs for each month of autism coverage was $0.25, and $0.06 for the costs of ABA treatments.

Claim Costs for Autism Per Member Per Month for Policies with Autism Coverage					
Market Segment	**Member Months of Policies With Autism Coverage**	**All Autism Related Claims**	**ABA Claims**	**All Autism-Related Claims, PMPM**	**ABA-Related Claims, PMPM**
Individual	1,053,043	$543,916	$36,252	$0.52	$0.03
Small Group	5,034,574	$1,027,953	$205,499	$0.20	$0.04
Large Group	11,245,146	$2,737,959	$809,013	$0.24	$0.07
Total	**17,332,763**	**$4,309,828**	**$1,050,764**	**$0.25**	**$0.06**

For each individual receiving any form of treatment directly associated with an ASD, the average monthly claims cost during 2011 was $143, ranging from $293 in the individual market to $142 in the large group market. With respect to the population 18 years of age and younger, the costs of ABA treatments ranged from $15 in the individual market to $58 in the large group market.

Average Monthly Claim Cost Per Individual Treated for Autism				
	All Ages		Age 18 and Under	
Market Segment	All Autism-Related Treatment	ABA	All Autism-Related Treatment	ABA
Individual	$293	$19	$314	$15
Small Group	$115	$23	$122	$29
Large Group	$142	$42	$161	$58
Total	**$143**	**$35**	**$160**	**$47**

Other DIFP Activities Related to Autism

The DIFP worked on numerous fronts to successfully implement the autism mandate during 2011. Following the passage of the law, staff engaged stakeholders representing a wide variety of perspectives and needs – from insurance companies to providers to parents and advocates. This outreach was designed to anticipate and address any potential problems. Additionally, the Department was able to provide education and resources to parents and providers as they began navigating through the process of obtaining insurance coverage for autism benefits for the first time.

Complaints

The DIFP monitors the number of complaints and inquiries received that are related to the autism mandate. Over the course of 2011, DIFP staff responded to 109 consumer contacts by insureds with questions about autism coverage. Only six of these contacts resulted in formal complaints against an insurer. Subject matter ranged from the lack of medical providers, the lack of coverage in self-funded plans under federal jurisdiction, to concerns about costs and requests for clarification of various aspects of the new law.

Impact on Small Business

Initial concerns about the potential costs of the mandate resulted in an opt-out provision for small employers. Any small employer may petition the director for a waiver of the mandate if providing the coverage causes premiums to increase by 2.5 percent or more over any 12 month period. The earliest such a waiver request could have been made is therefore January 1, 2012. To date, the DIPF has received no requests for a waiver.

National recognition for online education

Before the law took effect on Jan. 1, 2011, the Department launched new educational content online for parents, health care providers and insurers on its website. The online resources include explanations of the new law's various provisions, frequently asked questions, instructions for filing consumer complaints, a Parent Resource Center and content specifically designed for health care providers. The Department's efforts in creating this comprehensive online guide were heralded by Autism Speaks, the nation's largest advocacy group for autism. At its Autism Law Summit in October 2011, the group recognized the DIFP for outstanding efforts on behalf of individuals with autism.

Outreach

The Department assembled an autism working group meeting in Jefferson City during November, 2010, which was attended by parents, advocates, medical providers and representatives of major insurance companies in the Missouri market. At the meeting, stakeholders discussed concerns and how the Department could best facilitate consumer and provider education about the new law as well as facilitate an open exchange of information between the insurance industry and the provider community.

In response to many of the issues identified through the working group, the DIFP issued a bulletin to all health insurance companies on January 3, 2011, outlining Department plans for enforcing the new law. This bulletin:

- Encourages the insurance industry to accept HCPCS codes
- Asks any companies that are not able to utilize these codes make information readily available to providers both in- and out-of-network.
- Reminds that the department will closely monitor the delivery of autism related services and ensure no unnecessary barriers to treatment are imposed
- Encourages companies to exercise flexibility in accommodating children already enrolled in ABA treatment, so as not to interrupt their ongoing therapy.

- Extends a one year "safe harbor" from any enforcement or disciplinary action related to temporary modifications or deviations to practices or procedures in order to accommodate those currently enrolled in ABA treatment.

Following the passage of HB 1311, Director Huff and other members of the DIFP team appeared throughout the state at more than 10 public events for consumers, industry and stakeholders.

Most recently, the Department hosted the Autism Provider Summit in December of 2011. The summit served as a one-day training program to educate autism treatment providers about insurance billing, navigating the insurance world, and ensuring that their staffs are properly credentialed and licensed. Close to 80 providers and interested parties attended the summit.

Conclusion

Applied behavior therapies have been shown to dramatically reduce long-term costs for a significant proportion of individuals diagnosed with an ASD, and to significantly improve their quality of life. The costs associated with the autism and ABA coverage mandate has thus far been minimal, even as the mandate has led to dramatically expanded coverage and the delivery of medically beneficial services. The law has achieved its purposes in an unqualified way for every measureable metric.

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Insurance Consumer Hotline

Contact DIFP's Insurance Consumer Hotline
if you have questions about your insurance policy
or to file a complaint against an
insurance company or agent:

difp.mo.gov

800-726-7390

DIFP
Department of Insurance,
Financial Institutions &
Professional Registration

Harry S Truman Building, Room 530
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